NU ROC COMMUNITY HEALTHCARE

3576A NU ROC LN

LAONA	54541	Phone: (715) 674-4477		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Cor	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	61	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	61	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/04:	59	Average Daily Census:	57

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	8			
Home Health Care No		Primary Diagnosis	%	Age Groups	용	Less Than 1 Year	30.5		
Supp. Home Care-Personal Care	No					1 - 4 Years	47.5 22.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	4   More Than 4 Years			
Day Services No Mental		Mental Illness (Org./Psy)	35.6	65 - 74	10.2				
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	37.3		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse 0.0   85 - 94 40.7   ***********************************				********	******		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalent			
Congregate Meals No		Cancer	1.7			Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures	0.0	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	32.2	65 & Over	96.6				
Transportation	No	Cerebrovascular	10.2			RNs	10.2		
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	6.5		
Other Services	Yes	Respiratory	3.4			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	15.3	Male	16.9	Aides, & Orderlies	40.8		
Mentally Ill	No			Female	83.1				
Provide Day Programming for			100.0	j					
Developmentally Disabled No				İ	100.0	İ			
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## Method of Reimbursement

		edicare			edicaid itle 19			Other		]	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.1	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	3	100.0	316	43	89.6	118	1	100.0	132	6	85.7	142	0	0.0	0	0	0.0	0	53	89.8
Intermediate				4	8.3	98	0	0.0	0	1	14.3	140	0	0.0	0	0	0.0	0	5	8.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		48	100.0		1	100.0		7	100.0		0	0.0		0	0.0		59	100.0

NU ROC COMMUNITY HEALTHCARE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period	 		Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	16.3	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	9.3	Bathing	0.0		79.7	20.3	59
Other Nursing Homes	2.3	Dressing	18.6		69.5	11.9	59
Acute Care Hospitals	72.1	Transferring	40.7		45.8	13.6	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	32.2		45.8	22.0	59
Rehabilitation Hospitals	0.0	Eating	52.5		33.9	13.6	59
Other Locations	0.0	*******	******	*****	******	******	******
Total Number of Admissions	43	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.7	Receiving Resp	iratory Care	10.2
Private Home/No Home Health	56.4	Occ/Freq. Incontiner	nt of Bladder	44.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	5.1	Occ/Freq. Incontiner	nt of Bowel	20.3	Receiving Suct	ioning	0.0
Other Nursing Homes	2.6	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	5.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.4		anically Altered Diets	25.4
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	30.8	With Pressure Sores		1.7	Have Advance D	irectives	74.6
Total Number of Discharges		With Rashes		11.9	Medications		
(Including Deaths)	39	İ			Receiving Psyc	hoactive Drugs	59.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-99	Ski	lled	Al	1
	Facility	Peer	Peer Group		Peer Group		Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.4	81.9	1.14	85.5	1.09	85.9	1.09	88.8	1.05
Current Residents from In-County	67.8	72.8	0.93	71.5	0.95	75.1	0.90	77.4	0.88
Admissions from In-County, Still Residing	30.2	18.7	1.62	20.7	1.46	20.5	1.48	19.4	1.56
Admissions/Average Daily Census	75.4	151.4	0.50	125.2	0.60	132.0	0.57	146.5	0.52
Discharges/Average Daily Census	68.4	151.2	0.45	123.1	0.56	131.4	0.52	148.0	0.46
Discharges To Private Residence/Average Daily Census	42.1	74.0	0.57	55.7	0.76	61.0	0.69	66.9	0.63
Residents Receiving Skilled Care	91.5	95.3	0.96	95.8	0.96	95.8	0.95	89.9	1.02
Residents Aged 65 and Older	96.6	94.3	1.02	93.1	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	81.4	71.9	1.13	69.1	1.18	70.0	1.16	66.1	1.23
Private Pay Funded Residents	11.9	16.7	0.71	20.2	0.59	18.5	0.64	20.6	0.58
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	37.3	29.5	1.26	38.6	0.97	36.6	1.02	33.6	1.11
General Medical Service Residents	15.3	23.5	0.65	18.9	0.81	19.7	0.77	21.1	0.72
Impaired ADL (Mean)	44.4	46.4	0.96	46.2	0.96	47.6	0.93	49.4	0.90
Psychological Problems	59.3	54.5	1.09	59.0	1.01	57.1	1.04	57.7	1.03
Nursing Care Required (Mean)	6.1	7.4	0.83	7.0	0.88	7.3	0.84	7.4	0.83